

POSITION	ID NO.	DATE
CLASSIFIER	2	6/16/94
EXAMINER	311	6/20/94
TYPIST	259	6/20/94
VERIFIER	342	6/22/94
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
Final	
Original	
11	1X 24
28	17 26
94	93 96
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Claim	Date
Final	
Original	
4	6 10 14 18 22
5	7 26 16 6 26 16 6 6 47
6	17 94 96 97 46 66 47
7	1 1 1 1 1 1 1
8	5 1 1 1 1 1 1
9	6 1 1 1 1 1 1
10	7 1 1 1 1 1 1
11	8 1 1 1 1 1 1
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